

DEC 02 2005

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TO: Examiner Lee S. Cohen – Group Art Unit: 3739
FIRM/COMPANY: U.S. Patent and Trademark Office – Mail Stop Amendment
FACSIMILE NUMBER: (571) 273-8300

**CONFIRMATION
TELEPHONE:** 571.272.4763 (Examiner)

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: December 2, 2005

USER NUMBER: 5121

FILE NUMBER: Docket No. R0370-02101

TOTAL # OF PAGES: 29
(INCLUDING COVER SHEET)

MESSAGE: Attached is an Amendment and Response to the Office Action mailed 6/07/2005 in connection with Reissue application Serial No.: 10/601,288 filed June 20, 2003.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue application of

Patent No. 6,251,107

Issued: June 26, 2001

Inventor: Alan K. Schaer

Reissue Serial No.: 10/601,288

For: EP CATHETER

Filed: June 20, 2003

Examiner: Lee S. Cohen

Group Art Unit: 3739

Atty. Docket No.: R0370-02101

TRANSMITTAL

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that these papers are being sent by facsimile to (511) 272-8300, addressed to Examiner Lee S. Cohen, at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 7, 2005, in San Francisco, CA.



Anne Marie Levy

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

- Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 6/07/2005.
- Claim Fee Calculation
X No additional claim fee is required.
Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fees
Independent Claims	2201	18 - 18 =	0 x	\$100=	\$ 0
Total Claims	2202	76 - 77 =	0 x	\$25=	\$ 0

- Additional fees: Request for Extension of Time for three (3) months from September 7, 2005 to December 7, 2005 pursuant to 37 CFR 1.17(a)(3)..... \$510

Total Fees Due..... \$510

- Payment of Fees

X Enclosed is a check for the total fees due in the amount of ____.
The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0370-02101.
A duplicate copy of this transmittal is enclosed.

By: 

Edward J. Lynch
Registration No. 24,422

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